

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

COSMETOLOGY EXAMINING BOARD

VERIFICATION OF LICENSURE

APPLICANT: Complete top portion of this form and forward to Registration Agency. Proper completion of this form (**Form#373**) is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation will delay processing of your credential application. Form letters from other jurisdictions are acceptable. A fee may be required from the Registration Agency.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (street, city, state, zip)

Original State of Licensure:

Credential Number:

Date of Birth:

REGISTRATION AGENCY: Complete Section below and return directly to DSPS: You may fax/email to: (608) 261-7083 or DSPSCREDBAC@wisconsin.gov.

Basis of Registration: ☐ Exemption ☐ Reciprocity ☐ Examination ☐ Other

License(s) Held	Issued Date	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual?

☐ Yes ☐ No If yes, please attach additional sheet with details.

Form completed by:

Date

Title

State